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Supporting General Practice in engaging with their communities

Recent guidance from the Department of Health is clear; any emerging Clinical Commissioning Group needs to engage *“meaningfully with patients, carers and their communities in everything it does, especially commissioning decisions”*¹. Evidence of this meaningful engagement must be provided for authorisation to be approved².

The benefits of such an approach are manifold, but the issue of how to achieve this in practice is crucial. Altogether Better is a prize-winning, independently evaluated model that has managed to do just that. Since 2008 it has recruited, trained and supported more than 16,500 community health champions, reaching over 100,000 people in some of Yorkshire & Humber’s least healthy communities.

This briefing outlines how the Community Health Champion model may be able to help Clinical Commissioning groups meet some of their new responsibilities. A series of reviews and evaluations have established that Altogether Better has been successful in improving the physical and mental health of champions and the communities they volunteer in and results in a positive Social Return on Investment. Full evidence resources are **now available** at www.altogetherbetter.org.uk.

An award-winning movement for change

Altogether Better began as a BIG Lottery Wellbeing Programme with the aim of improving the health and wellbeing of communities in Yorkshire & Humber. In 2010 it won the Prime Minister’s Big Society award and in 2011 it was a finalist for the Big Lottery best health project awards. It has been highlighted as an example of good practice in the Public Health White Paper (2010), the Marmot Review (2010) and the Department of Health’s strategic vision for volunteering (2011).

Who are Community Health Champions?

Community health champions are members of the public who motivate and help their friends, families, work colleagues and neighbours to lead healthier and happier lives. Champions talk to people informally about health as part of their normal lives, some run activities or groups, whilst others offer one-to-one support.

As volunteers they receive training and support which raises the knowledge, confidence and skills they need to make a difference where they live or work. Altogether Better have been successful in increasing physical activity, promoting healthy eating and improving mental health and wellbeing. Successful outcomes have been demonstrated in a range of settings including General Practice and have focused on many different health outcomes including long term conditions, accessing an online LifeCheck tool, older people and preparing for pregnancy.

5 key facts about health champions

1. Reaching the 'hard to reach' and diverse communities

Community health champions are able to reach people living in areas with the poorest health or those not accessing health services. Being from the same community or having experienced similar difficulties makes them approachable, more likely to be trusted and get messages across more effectively. Asylum Seekers, carers and people from Roma communities have all worked successfully as health champions³.

2. Improved health and well-being for champions

Becoming a health champion increases a person's confidence, gives them new skills, improves their knowledge of health issues and can lead to them adopting a healthier lifestyle. For many it has been a transformative experience leading to education or employment³. In Sheffield over 50 people who were unemployed got a job once they had become a health champion.

A proportion of people training as health champions have mental ill-health. Case studies show that becoming a champion can give them a sense of purpose and increase their self-esteem – thus reducing their use of health services^{4 5}. The evidence shows a financial saving to the system in reducing dependence on NHS services.

3. Increased health service capacity

Volunteer champions are a valuable health resource. They increase capacity by running health related community activities such as health walks, food growing initiatives and reminiscence sessions. They can, for example, signpost to services, administer questionnaires or offer one to one support to those who need it⁵.

4. Productivity

As budgets tighten, increased productivity is essential. York Health Economics Consortium analysed 15 case studies from 15 projects in the Altogether Better programme and found that all demonstrated a positive social return on investment (SROI) of between £0.79 - £112.42 for every pound invested⁶.

5. Flexibility

The Community Health Champion model can be tailored to tackle a wide range of issues - one project currently works with people with diabetes for example (see later case study). Champions can also engage flexibly – some choose to deliver regular activities reaching dozens of people whilst others use the training to influence their own or their families' lifestyle. This helps keep the most hard to reach communities engaged³.

An under-used resource?

Evaluating this work in the UK is relatively new. Evidence from the work done so far and internationally strongly suggests more widespread community engagement is both possible and beneficial. Potential areas include:

1. Tackling non-medical needs

Non-traditional providers such as community health champions can help meet patients' non-medical needs by providing them with social support. They can have a particularly good impact on patients living with long-term conditions⁷.

2. Linking communities and health services

The Health Champion model encourages people to actively influence their communities, serving as a 'bridge' between communities and services³. The Health and Social Care Bill requires local people to be involved in the development of the Joint Strategic Needs Assessment (JSNA) and the Joint Health and Wellbeing Strategy (JHWS) – health champions are ideal candidates.

3. Learning from abroad

Programmes similar to the Community Health Champion model in the USA have increased the uptake of preventive services like immunisation, improved disease management for people with Long Term Conditions and led to more appropriate use of health services – all in disadvantaged populations⁸.

The BMJ recently published results from the Cardiovascular Health Awareness Programme (CHAP) in Canada. This utilised 577 peer volunteers to conduct over 27,000 cardiovascular assessments in 10 weeks in pharmacies. It resulted in a statistically significant reduction in hospital admissions for acute myocardial infarction and congestive heart failure⁹.

4. The 'ripple effect'

The forming and strengthening of social networks which in turn benefit health could be one of the most important aspects of the Health Champion role. Champions talked confidently about the changes seen in people's lives, particularly those who were previously socially isolated or excluded, since they became engaged in group activities. These effects can lead to champions being part of a cultural shift in the way of life for whole communities³.

The success of Altogether Better shows that large scale volunteer involvement in health is possible and yields positive results – both for the champions themselves and the communities they live in. Yet international examples demonstrate that the potential of this type of approach is far greater. Having a pool of dedicated, trained health champions in local communities is an essential and currently under utilised resource for supporting people with non-medical needs, reaching groups with the poorest health and increasing service capacity.

For more information about Altogether Better visit www.altogetherbetter.org.uk . Or if you'd like to talk to someone about potential applications in Clinical Commissioning Groups call Alyson McGregor, Director on 07780593409.

3 real-life examples

General Practice can adopt the Community Health Champion model at a number of different levels; at the individual patient level to reduce their need for health services, at the long term condition level to achieve better self management and better health outcomes and at practice level to co-produce its work with local people. Practical examples are given below:

The individual patient approach

Lisa from Sheffield needed intensive GP support after a crisis in her life led to her self-harming. She lost her job, her confidence and became increasingly isolated. Her GP offered to see her every day whilst she waited for counselling. Lisa managed to turn her life around. She trained as a community health champion and started to run a support group to help women deal with their problems. She volunteers as a chair aerobics instructor, gained part-time employment and represents volunteers at national public health events. Lisa's quality of life improved substantially whilst her use of health services reduced considerably.

The long-term condition approach

The Altogether Better diabetes programme is a patient centred approach that links primary care practitioners with health trainers, community health champions and people with diabetes. The team work together to achieve better self-management and better health outcomes for less cost. Trained community health champions support clients in overcoming barriers to managing their condition – they signpost to activities, accompany clients and provide networking opportunities. Some identify people at risk from the condition and refer to General Practice. A recent evaluation found clients' levels of knowledge about their condition along with their confidence and skill in managing it had improved. The majority had made positive changes to their lifestyle and high levels of patient satisfaction were reported.

The whole practice approach

A General Practice Health Champion model is generating great interest in Leeds. Two practices are working with Altogether Better to improve relationships between patients and doctors and practices and communities. Trained community health champions will be embedded into the practices' work - joining patient groups and working together with staff to tackle issues for the community and the practice. By recruiting champions from hard to reach groups (one practice has 44 nationalities as patients) the work is designed to give communities a voice in decisions and improve the dialogue between practices and communities. Improved health outcomes, increased satisfaction for patients, improved uptake of services and an ability for practices to achieve their QOF points are key outcomes.

References

1. Department of Health. *Diagnostic tool for emerging clinical commissioning groups*, August 2011. Available at: <http://healthandcare.dh.gov.uk/diagnostic-tool-for-emerging-clinical-commissioning-groups/>
2. Department of Health. *Developing clinical commissioning groups: towards authorisation*, September 2011. Available at: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_130293
3. South J., White J. and Woodall J. (2010) *Altogether Better Community Health Champions and Empowerment. Thematic evaluation summary*. Centre for Health Promotion Research, Leeds Metropolitan University
4. *Altogether Better Executive Summary Report*, 2008-9. Available at: www.altogetherbetter.org.uk
5. Amazing Stories – a series of case studies available at: <http://www.altogetherbetter.org.uk/amazing-stories-collection>
6. Hex, N. and Tatlock, S. *Altogether Better Social Return on Investment Case Studies (2011)*. A Report commissioned by the Altogether Better Learning Network, Yorkshire and Humber Public Health Observatory. Produced by York Health Economics Consortium.
7. *Year of Care, Thanks for the Petunias – a guide to developing and commissioning non-traditional providers to support the self management of people with long term conditions*, 2011. For further information go to: www.diabetes.nhs.uk/year_of_care
8. South J., Raine G. and White J. (2010) *Community Health Champions: Evidence Review*. Centre for Health Promotion Research, Leeds Metropolitan University.
9. Kaczorowski, J., et.al(2011). Improving Cardiovascular Health At Population Level: 39 Community Cluster Randomised Trial Of Cardiovascular Health Awareness Program (CHAP). *British Medical Journal*, 342, d442.